	PERSONAL CARE SCHEDULE
NAME:	SERVICE:
PLAN DATE:	PROVIDER:
SCHEDULE IMPLEMENTATION/REVISION DATE:	LOCATION:

NOTE: THIS TEXT BOX IS A REMINDER TO THOSE DEVELOPING THE SCHEDULE AND IS NOT PART OF THE ACTUAL SCHEDULE. THE PURPOSE OF THIS SCHEDULE IS TO PROVIDE A GUIDELINE FOR DOCUMENTING PERSONAL CARE SERVICES WHICH ASSIST A PERSON WITH THE ACTIVITIES OF DAILY LIVING INCLUDING EATING, BATHING, DRESSING, AND PERSONAL HYGIENE. PLEASE NOTE THAT THE ITEMS WILL REFLECT NEEDS IDENTIFIED IN THE INDIVIDUAL PLAN OF CARE. PLEASE COMMENT AS NEEDED ON COMMENT SHEET.

*****DAILY SCHEDULE***** DATE: MM/DD/YY										
BEGIN TIME										
USE ROWS BELOW TO LIST specific personal care activities per IPC: such as:										
6:00 AM medications(/LIST MEDS HERE OR IF THEY ARE NOT AT THE SAME TIME EACH DAY IN THE AM THEN LIST AND DOCUMENT TIME GIVEN IN THE BOX) may need several lines per day										
FEEDING / MEALTIME GUIDELINES FOLLOWED / MEAL PREPARATION (may need several lines per day)										
Toileting needs met (if assistnace is required) may need several lines										
Positioning (may need several lines		7	<b>1</b>	<b>/</b>	T	J				
hygiene/bathing	1		$\mathbf{A}$	VΙ			7			
may need more than one row per item if it occurs several times per day				1						
END TIME										
PERSONAL CARE UNITS USED										
SIGNATURE										
UNITS APPROVED AS OF (USE PLAN DATE HERE)										
**A COPY OF THIS DOCUMENTATION AND BILLING SHEET MUST BE SUBMITTED TO THE ISC, AS PER THE PLAN OF CARE, MINIMAL AT LEAST MONTHLY**										
*** INCIDENT REPORTS SUBMITTED AS A SEPARATE DOCUMENT***										